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This *Journal*, founded by the Medical Society for the Study of the Venereal Diseases, publishes original work on the investigation and treatment of genitourinary and allied disorders, and review articles, correspondence, and abstracts.

ADVICE TO AUTHORS Papers for publication, which will be accepted on the understanding that they have not been and will not be published elsewhere and are subject to editorial revision, should be sent in duplicate to Dr A Mindel, Academic Department of Genitourinary Medicine, James Pringle House, Middlesex Hospital, London W1N 8AA. All authors must give signed consent to publication. Submitted papers must be accompanied by the following statement, signed by all the authors: "No paper resembling the enclosed article has been or will be published except in Genitourinary Medicine. We transfer all copyright ownership to Genitourinary Medicine." Manuscripts will only be acknowledged if a stamped addressed postcard or international reply coupon is enclosed. Rejected papers will not be returned. Figures will be returned if requested at the time of submission.

Full details of requirements for manuscripts in the Vancouver style (*BMJ* 1982;284:1766-70) are given in *Uniform requirements for manuscripts submitted to biomedical journals*, available from the Publishing Manager, *British Medical Journal*, BMJ Publishing Group, BMA House (50p post free). Briefly details are as follows:

(1) **SCRIPTS** (including correspondence and book reviews) must be typewritten on one side of the paper in double spacing with ample margins. Two copies should be sent.

(2) **EACH SCRIPT** should include, in the following order: a brief summary (structured summaries are preferred), typed on a separate sheet, outlining the main observations and conclusions; the text divided into appropriate sections; acknowledgements; references; tables, each on a separate sheet; and legends for illustrations.

(3) **THE TITLE** of the paper should be as brief as possible.

(4) **THE NUMBER OF AUTHORS** should be kept to the minimum, and only their initials and family names used.

(5) **ONLY THE INSTITUTION(S)** where work was done by each author should be stated.

(6) **SI UNITS** must be used. If old fashioned units are used, SI units should be given in parentheses or, for tables and figures, a conversion factor given as a footnote.

(7) **ONLY RECOGNISED ABBREVIATIONS** should be used.

(8) **ACKNOWLEDGEMENTS** should be limited to workers whose courtesy or help extended beyond their paid work, and supporting organisations.

(9) **FIGURES** should be numbered in the order in which they are first mentioned in the text. Captions should be typed on a separate sheet. **DIAGRAMS:** use thick, white paper and insert lettering lightly in pencil. **PHOTOGRAPHS:** should be marked lightly on the back with the author's name and indicating the top, and should not be attached by paper clips or pins. They should be trimmed to include only the relevant section (and will be reproduced 68 or 145 mm wide) to eliminate the need for reduction. Photomicrographs must have internal scale markers. Radiographs should be submitted as photographic prints, carefully prepared so that they bring out the exact point to be illustrated.

(10) **TABLES** should be numbered, have titles, and be typed on separate sheets. Please avoid large tables and use the format which appears in current issues.

(11) **REFERENCES** should be numbered consecutively the first time they are cited and identified by arabic numbers in the text, tables, and legends to figures. Authors must take full responsibility for the accuracy of their references, and the list should be kept as short as practicable. It should be in the order in which references are first mentioned, and should include (in the following order), *journals*: author's name and initials, title of paper, name of journal (in full or abbreviated according to the list in *Index Medicus*), year of publication, volume number, and first and last page numbers; *books*: author's name and initials, full title, edition, place of publication, publisher, and year of publication. When a chapter in a book is referred to, the name and initials of the author of the chapter, title of the chapter, "In:", name and initials of the editor, and "ed" should precede book title, etc as above. In references to journals or books, when there are seven or more authors the names of the first three should be given followed by "et al." Names of journals no longer published or not in *Index Medicus* should be given in full — for example, *British Journal of Venereal Diseases*.

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Table Results of colposcopic examination of women with genital warts/wart contact and negative cytology

	NTZ/NEG.B	HPV	CIN1	CIN2	CIN3
Genital warts n = 248	157 (63.3)	34 (13.7)	25 (10)	25 (10)	7 (3)
Contact with Genital warts n = 12	8 (66.7)	0	2 (16.7)	1 (8.3)	1 (8.3)

(percentage in parenthesis).

had negative cervical cytology. At colposcopic examination, 122 of these women had abnormal cervical histology. (table).

Overall, there was a 23.4% false negative cytology rate, with 34 (13%) women having major cervical pathology (CIN 2 + 3). These women's pathology would have gone undetected if colposcopy had not been performed.

We feel that our results strengthen the argument for colposcopic examination of women with genital warts. Within the 60 genitourinary medicine clinics who have colposcopy facilities in England and Wales,² 31 clinics routinely colposcope women with genital warts, four those with only cervical warts and 21 those women who have been in contact with genital warts, irrespective of their cervical cytology.

A recent survey of colposcopy services in the UK,³ carried out by the British Society of Colposcopy and Cervical Pathology, did not mention genital warts as being an indication for colposcopy.

If national guidelines are to be established for colposcopy within both genitourinary medicine and gynaecology, then there must be discussion and co-operation between the two disciplines. The national co-ordination network has held workshops addressing these issues, and guidelines may be issued in the near future.

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- 1 Rowen D, Carne CA, Sonnex C, Cooper P. "Increased evidence of cervical cytological abnormalities in women with genital warts or contact with genital warts: the need for increased vigilance?" *Genitourin Med* 1991; 61:460-3.
- 2 Williams O, Bodha M, Hicks D, Alawattagama AB. "Survey of colposcopy services provided by genitourinary medicine in England and Wales". *Br J Obstet Gynaecol* 1992; 99:150-2.
- 3 Kitchener HC. "United Kingdom Colposcopy Survey, British Society of Colposcopy and Cervical Pathology". *Br J Obs Gynaecol* 1991;98:1112-6.

Failure of single dose ceftriaxone in donovanosis (granuloma inguinale)

Dr N O'Farrell's letter¹ prompts further comment.

We recently had an aboriginal patient who had florid donovanosis especially in the area of a "subincision" (longitudinal opening approximately 10 cm long on the penis which is a pubertal initiation rite). Some spherical lesions were 1-2 cms across. The diagnosis was confirmed on biopsy with donovanosis bodies present.

Ceftriaxone 1g intramuscularly daily for 7 days was administered. On review at 4 weeks there was some improvement of the lesions but not complete resolution. The response was sufficiently poor that co-trimoxazole double strength one tablet BD was commenced over a six weeks period with eventual complete resolution of the lesions.

This experience would seem to suggest that a 1g daily dose intramuscularly for 7 days should be regarded as the minimum and probably is an insufficient course of treatment of ceftriaxone. Gollow² recommends 1g intramuscularly daily ceftriaxone for 7 days as the probable optimum treatment, but admits that trials have not been done yet to confirm this. Indeed trials might confirm that the optimum is 1g daily for 14 days but severe problems with compliance may arise, as with conventional courses of procaine penicillin anti-syphilitic therapy. Donovanosis, thus appears to remain an indolent condition requiring considerable patience with treatment. A successful one dose treatment seems unattainable at present.

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- 1 O'Farrell N. Failure of single dose ceftriaxone in donovanosis (granuloma inguinale). *Genitourin Med* 1991;67:269.
- 2 Gollow MM. The treatment of Donovanosis and Chancroid. *Australian Prescriber* 1990;13: 190-1.

NOTICES

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for applications.

Health professions in 1992: The European Challenge

Date: Tuesday 28 April 1992. Venue: Guildhall, London, EC2P 2EJ. Fee: £75.00 (reduced fee available to members of the Royal Society of Health).

All enquiries to: Conference Department, The Royal Society of Health, 38A St George's Drive, London SW1V 4BH, UK. Tel: 071-630 0121. Fax: 071-976 6847.

1992 European Year of Safety, Hygiene and Health Protection at Work: a one day conference

Date: Thursday 2 July 1992.

Venue: SCI, 14-15 Belgrave Square, London, SW1X 8PS, UK

Fee: £75.00 (£48.00 to members of the Royal Society of Health)

All enquiries to: Conference Department, The Royal Society of Health, 38A St George's Drive, London SW1V 4BH, UK

European Academy of Dermatology and Venereology

The third congress will be held in Tivoli Gardens, Copenhagen, Denmark, 26-30 September 1993.

For further information please contact: International Conference Services, PO Box 41, Strandvejen 171, DK-2900 Hellerup, Denmark.

Anglo-French MSSVD Autumn Meeting

Strasbourg 2-4 October 1992

Themes: HIV, HPV, Male and Female Genital Tract Infection, New Diagnostics.

Information: Dr M A Waugh, General Infirmary, Leeds, LS1 3EX, UK

Secretariat: Tel: 0532 437162

Fax: 0532 441165

Dermatology Course 1992 for trainees/consultants in Genitourinary Medicine & Allied Specialties. Approved by the British Postgraduate Medical Federation under section HM 67/27. A full day lecture course to be held at The Royal London Hospital, Whitechapel, London E1 1BB on 8 May 1992

From 1992 in order to comply with existing EEC training programmes for Dermatovenereologists, and the EC directive 75/363/EEC, Genitourinary Physicians in the UK require adequate training in dermatology.

This course will provide an up-to-date overview of common general and genital dermatoses.

Topics include: Erythroscumous & Follicular Disorders, Cutaneous Infections, Pigmented Lesions, Non-Pigmented Skin Cancers, Genital Dermatoses, Pre-malignant & Malignant Lesions of the Genitalia, Skin Manifestations of HIV/AIDS, Skin Manifestations of Systemic Diseases, Practical Techniques in Dermatology.

Speakers include: Professor E Wilson-Jones (Emeritus Professor in Dermatology, University of London), Dr C M Ridley (Royal Northern & Whittington Hospitals), Dr G Levene (Middlesex & University College Hospitals & St John's Hospital for

Diseases of the Skin), Dr R Staughton (Westminster Hospital), Dr J Newton (Royal London Hospital), Dr R Cerio (Royal London Hospital).

The course fee is £50 including coffee/tea and lunch. Places are limited. If you register before 1st April 1992, the cost all inclusive is £40.

For further information and application form, contact Dr R Cerio, Royal London Hospital, Whitechapel, London E1 1BB, UK, phone 071 377 7000, ext: 2491.

The Medical Society for the Study of Venereal Diseases (MSSVD) Undergraduate Prize—Regulations

- 1 A prize of £200·00, to be called the MSSVD Undergraduate Prize, will be awarded annually by the MSSVD (provided an entry of a suitable standard is received).
- 2 Entries for the prize will take the form of a report written in English.

- 3 The subject of the report should be related to sexually transmitted disease, genitourinary medicine, or human immunodeficiency virus (HIV) related infection.
- 4 The report should concern original and unpublished observations made by the entrant. The report, which should not exceed 2000 words, should include an introduction to the subject, methods used to make the observations, findings, and discussion. A summary of the report should also be provided on a separate sheet. Entries must be machine or type written, with double spacing, on one side only of A4 paper. Three copies must be submitted.
- 5 The subject must be approved by a genitourinary physician at the entrant's medical school. The observation must be made before full registration. A winner may not enter for the prize again. Each entry should be accompanied by a declaration that these conditions have been fulfilled.
- 6 Entries should be submitted to the honorary secretary of the MSSVD by June 30 each year. They will then be considered by the president, the honorary secretary, and the honorary treasurer. When appropriate other experts may be consulted. These assessors will make recommendations to council, who will make the final decision concerning the prize.
- 7 Entries must be submitted within 12 months of full registration or its equivalent.
- 8 Regulations are obtainable from the honorary secretary of the MSSVD.
- 9 The assessors may ask the editor of an appropriate journal to consider an entry for publication. If so, it will be received for publication in the usual way.

CURRENT PUBLICATIONS

Selected titles from recent reports published worldwide are arranged in the following sections:

Gonorrhoea
Chlamydia
Pelvic inflammatory disease
Non-specific genital infection
Candidiasis
Bacterial vaginosis
Trichomoniasis
Syphilis and other treponematoses
Herpes simplex virus
Human papillomavirus infection
Cervical cytology and colposcopy
Other sexually transmitted diseases
Public health and social aspects
Microbiology and Immunology
Dermatology
Miscellaneous

Gonorrhoea

Changing trends of gonococcal infection in homosexual men in Edinburgh

JDC ROSS, A MCMILLAN, H YOUNG *Epidemiol Infect* 1991;107:585.

Surrogate methods to diagnose gonococcal and chlamydial cervicitis—comparison of leukocyte esterase dipstick, endocervical Gram stain and culture.

CR KNUDHANSEN, GA DALLABETTA, C REICHART, KM PABST, EW HOOK, JN WASSERHEIT, *Sex Transm Dis* 1991;18:211.

Screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* in a donor insemination programme

Y HADDAD, S STEIGRAD, *Reprod Fertil Develop* 1991;3:743.

Surveillance of antibiotic resistance in clinical isolates of *Neisseria gonorrhoeae*

CA ISON, NS BRANLEY, K KIRTLAND, CSF EASMON, *BMJ* 1991;303:1307.

***Neisseria gonorrhoeae* in Athens, Greece—epidemiologic classification and antimicrobial susceptibility patterns of strains isolated between 1986 and 1989**

E TZELEPI, E FRAGOULI, V ATHANASSOPOULOU, G TZANAKAKI, P TSELIU, *Sex Transm Dis* 1991;18:238.

Distribution of the 3,05-Mdal Toronto β -lactamase plasmid among penicillinase producing isolates of *Neisseria gonorrhoeae* in the Far East

SK SARAFIAN, ML SHU, H KOJIMA, EH SNG, MP JOYCE, JS KNAPP, *Sex Transm Dis* 1991;18:201.

Gonococemia associated with adult respiratory distress syndrome

ME BELDING, J CARBONE, *Rev Infect Dis* 1991;13:1105.

Alterations of the LPS determine virulence of *Neisseria gonorrhoeae* in guinea pig subcutaneous chambers

RD DEHORMAECHE, A MACPHERSON, F BOWE, CE HORMAECHE, *Microbial Pathogen* 1991;11:156.

Gonococcal lipooligosaccharide sialylation prevent complement-dependent killing by immune sera

LM WETZLER, K BARRY, MS BLAKE, EC GOTSCHLICH, *Infect Immun* 1992;60:39.

Stimulation of human neutrophil oxidative metabolism by nonopsonized *Neisseria gonorrhoeae*

FL NAIDS, RF REST, *Infect Immun* 1991;59:4383.

Interactions of *Neisseria gonorrhoeae* with human neutrophils—studies with purified-P11 (Opa) outer membrane proteins and synthetic Opa peptides

FL NAIDS, B BELISLE, N LEE, RF REST, *Infect Immun* 1991;59:4628.

Chlamydia

Epidemiologic characteristics of two different populations of women with *Chlamydia trachomatis* infection and their male partners

K RAMSTEDT, L FORSSMAN, J GIESECKE, G JOHANNISSON, *Sex Transm Dis* 1991;18:205.

A retrospective study of efforts to diagnose infections by *Chlamydia trachomatis* in a Swedish county

BF HERRMANN, AB JOHANSSON, PA MARDH, *Sex Transm Dis* 1991;18:233.

The role of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* in the aetiology of ectopic pregnancy in Gabon

Y VILLE, M LERUEZ, E GLOWACZOWER, JN ROBERTSON, ME WARD, *Br J Obstet Gynaecol* 1991;98:1260.

Detection of *Chlamydia trachomatis* endocervical infection in asymptomatic and symptomatic women—comparison of deoxy-ribonucleic acid probe test with tissue culture

LI YANG, ES PANKE, PA LEIST, RJ FRY, RF LEE, *Am J Obstet Gynecol* 1991;165:1444.

Evaluation of a direct fluorescent antibody test of *Chlamydia trachomatis* in endocervical specimens

D DERELI, E ERTEM, D SERTER, K YUCE, *APMIS* 1991;99:961.

Performance of a nonisotopic DNA probe for detection of *Chlamydia trachomatis* in urogenital specimens

JA JW KLUYTMANS, HGM NIESTERS, JW MOUTON, ET AL, *J Clin Microbiol* 1991;29:2685.

Polymorphonuclear cell function impairment in patients with *Chlamydia trachomatis* urogenital infections

R MONNO, G VENA, P CAFFORIO, E MILONE, *Acta Microbiol Hung* 1991;38:75.

Mobilization of F-actin and clathrin during redistribution of *Chlamydia trachomatis* to an intracellular site in eucaryotic cells

M MAJEED, E KIHILSTROM, *Infect Immun* 1991;59:4465.

Pelvic inflammatory disease

The effect of a single oral dose of azithromycin on chlamydial salpingitis in mice

M TUFFREY, C WOODS, D TAYLORROBINSON, *J Antimicrob Chemother* 1991;28:741.

Non-specific genital infection

Urethritis caused by *Neisseria meningitidis*—a case report

M QUARTO, S BARBUTI, C GERMINARIO, GA VENA, C FOTT, *Eur J Epidemiol* 1991;7:699.

Nonspecific proctitis—association with human immunodeficiency virus infection in homosexual men

CLH LAW, M QASSIM, AL CUNNINGHAM, B MULHALL, *J Infect Dis* 1992;165:150.

Candidiasis

Biological activity of interleukin-2 bound to *Candida albicans*

CB TRESELER, RT MAZIARZ, SM LEVITZ, *Infect Immun* 1992;60:183.

Bacteria accompanying clinical isolates from respiratory secretions and the genitourinary tract

R RUCHEL, M BORGONZEPPELIN, H EIFFERT, R MUCHE, *Mycoses* 1991;34:235.

Fungal morphology after treatment with itraconazole as a single dose in experimental vaginal candidosis in rats

TM JANSEN, MAA VANDEVEN, MJ BORGERS, FC ODDS, JMP VANCUTSEM, *Am J Obstet Gynecol* 1991;1552.

Bacterial Vaginosis

***Mobiluncus* species in bacterial vaginosis—aspects of pathogenesis**

H MOI, H FREDLUND, E TORNQVIST, D DANIELSSON, *APMIS* 1991;99:1049.

Trichomoniasis

Demographic and behavioural predictors of *Trichomonas vaginalis* infection among pregnant women

MF CROTCH, JG PASTOREK, RP NUGENT, DE YERG, DH MARTIN, DA ESCHENBACH, *Obstet Gynecol* 1991;78:1087.

Syphilis and other treponematoses

Evaluation of a *Treponema pallidum* Western immunoblot assay as a confirmatory test for syphilis

RE BYRNE, S LASKA, M BELL, D LARSON, J PHILLIPS, J TODD, *J Clin Microbiol* 1992;30:115.

Experimental congenital syphilis—guinea pig model

K WICHER, RE BAUGHN, V WICHER, S NAKKEEB, *Infect Immun* 1992;60:271.

Macrophage mediated killing of opsonized *Treponema pallidum*

SA BAKERZANDER, SA LUKEHART, *J Infect Dis* 1992;165:69.

Herpes simplex virus

Strategies for the prevention of neonatal infection with herpes simplex virus—a decision analysis

MD LIBMAN, A DASCAL, MS KRAMER, J MENDELSON, *Rev Infect Dis* 1991;13:1093.

Herpes simplex virus vaccine workshop—Bethesda, Maryland, 31 July to 1 August 1989
Rev Infect Dis 1991;13 Suppl 11.

Detection of viral DNA within skin of healed recurrent herpes simplex infection and erythema multiforme lesions

S MIURA, CC SMITH, JW BURNETT, L AURELIAN, *J Invest Dermatol* 1992;98:68.

Improved detection of HSV by electron microscopy in clinical specimens using ultracentrifugation and colloidal gold immunoelectron microscopy—comparison with viral culture and cytodiagnostics

E FILKERS, J VREESWIJK, AP ORANJE, F WAGENAAR, JN DUIVENVOORDEN, *J Virol Meth* 1991;34:273.

In vitro antiviral activity of polyoxotungstate (PM-19) and other polyoxometalates against herpes simplex virus

M FUKUMA, Y SETO, T YAMASE, *Antiviral Res* 1991;16:327.

The role of free radical scavengers, inhibitors of prostaglandin synthesis and hypomethylating agents in reactivation of latent herpes simplex virus

S SIEKO, AM EISHUBINGER, KE SCHNEWELS, *Med Microbiol Immunol* 1991;180:249.

Differential dependence of herpes simplex virus immediate-early gene expression on de novo-infected cell protein synthesis

NA ELSHIEKH, E HARRISHAMILTON, SL BACHENHEIMER, *J Virol* 1991;65:6430.

Sequence, function and regulation of the Vmw65 gene of herpes simplex virus type-2

RF GREAVES, P OHARE, *J Virol* 1991;65:6705.

Evidence that the herpes simplex virus immediate early protein-ICp 27 acts post-transcriptionally during infection to regulate gene expression

IL SMITH, MA HARDWICKE, RM SANDRIGOLDIN, *Virology* 1992;186:74.

Human papillomavirus infection

Warts and all—the history and folklore of warts—a review
DA BURNS, *J Roy Soc Med* 1992;85:37.

Viral etiology of cervical cancer—a critique of the evidence
EL FRANCO, *Rev Infect Dis* 1991;13:1195.

Viruses in human cancers
HZ HAUSEN, *Science* 1991;254:1167.

Vaccination against papillomavirus
MS CAMPO, *Cancer Cells* 1991;3:421.

Human papillomavirus infection in women with multicentric squamous cell neoplasia
AM BECKMANN, R ACKER, AE CHRISTIANSEN, KJ SHERMAN, *Am J Obstet Gynecol* 1991;165:1431.

Anal intraepithelial neoplasia
A DERUITER, A MINDEL, *Eur J Cancer* 1991;27:1343.

Anal human papillomavirus infection in heterosexuals with genital warts—prevalence and relation with sexual behaviour
C SONNEX, JH SCHOLEFIELD, G KOCJAN, G KELLY, C WHATRUP, A MINDEL, JMA NORTHOVER, *BMJ* 1991;303:1243.

Cloacogenic carcinoma of the anal canal and associated viral lesions—an in situ hybridization study for human papilloma virus
R APARICIDUQUE, LR MITTAL, W CHAN, R SCHINELLA, *Cancer* 1991;68:2422.

Clinical and histologic features of vulvar carcinomas analysed for human papillomavirus status—evidence that squamous cell carcinoma of the vulva has more than one etiology
JD BLOSS, SY LIAD, SP WILCZYNSKI, C MACRI, J WALKER, M PEAKE, ML BERMAN, *Hum Pathol* 1991;22:711.

Recommended therapeutic approaches for vulvar intraepithelial neoplasia
F KRAUER, *Arch Gynecol Obstet* 1991;249:S64.

Cervical and vulvar precancerosis—recommended therapeutic approaches for cervical intraepithelial neoplasia.

F KRAUER, *Arch Gynecol Obstet* 1991;249:S60.

Diagnosis of cervical intraepithelial neoplasia and human papillomavirus infection—punch biopsy versus cervical smear

G GITSCH, A REINTHALLER, G TATRA, G BREITENECKER, *Arch Gynecol Obstet* 1991;249:179.

Genital papillomavirus infection and cervical dysplasia—opportunistic complications of HIV infection

M LAGA, JP ICENOGLE, R MARSELLA, ET AL, *Int J Cancer* 1992;50:45.

Intraepithelial immune cells in normal uterine cervix and HPV-associated diseases

S ROSINI, A COLASANTE, FB AIELLO, L ARTESE, P MUSIANI, *J Immunol Res* 1991;3:155.

The interaction between HPV infection and estrogen metabolism in cervical carcinogenesis

KJ AUBORN, C WOODWORTH, JA DIPALO, HL BRADLOW, *Int J Cancer* 1991;49:867.

Activation of latent papillomavirus genomes by chronic mechanical irritation

M SIEGSMUND, K WAYSS, E AMTMANN, *J Gen Virol* 1991;71:2787.

Cytokeratin intermediate filament pattern and human papillomavirus type in uterine cervical biopsies with different histological diagnosis

LN NIELSEN, U HORDING, S DAUGAARD, LP RASMUSSEN, B NORRILD, *Gynecol Obstet Invest* 1991;32:232.

PCR-detected genital papillomavirus infection—prevalence and association with risk factors for cervical cancer

T ROHAN, V MANN, J MCLAUGHLIN, DG HARNISH, H YU, D SMITH, R DAVIS, RM SHIER, W RAWLS. *Int J Cancer* 1991;49:856.

Use of the polymerase chain reaction to study the relationship between human papillomavirus infections and cervical cancers

WJG MELCHERS, HCJ CLAAS, WGV QUINT, *Eur J Clin Microbiol Infect Dis* 1991;10:714.

Detection of human papillomavirus type-16 in sexual partners of patients having cervical cancer by polymerase chain reaction

A NAKAZAWA, M INOUE, M FUJITA, O TANIZAWA, A HAKURA, *Jpn J Cancer Res* 1991;82:1187.

Detection of human papillomavirus type-6, stype-11, type-16 and type-18 in mucosal and cutaneous lesions by the multiplex polymerase chain reaction

C SOLER, P ALLIBERT, Y CHARDONNET, P CROS, B MANDRAND, J THIOULET, *J Virol Meth* 1991;35:143.

Degenerated primers based on highly conserved regions of amino acid sequence in papillomaviruses can be used in a generalised polymerase chain reaction to detect productive human papillomavirus infections
PJF SNIJDERS, CJLM MEIJER, JMM WALBOOMERS, *J Gen Virol* 1991;72:2781.

Human papillomavirus-6, papillomavirus-11 and papillomavirus-16 in laryngeal papillomas

P DICKENS, G SRIVASTAVA, SL LOKE, S LARKIN, *J Pathol* 1991;165:243.

Presence of human papillomavirus type-18 DNA in a pharyngeal and a laryngeal carcinoma

H OGURA, S WATANABE, K FUKUSHIMA, Y MASUDA, T FUJIWARA, Y YABE, *Jpn J Cancer Res* 1991;82:1184.

The physical state of human papillomavirus type-16 DNA in cervical carcinomas of Hong-Kong Chinese

KC YIU, DP HUANG, MKM CHAN, W FOO, *Oncogene* 1991;6:1339.

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